

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724615** (0)

1. Corporation Name

MEALS ON WHEELS PLUS OF MANATEE, INC.

Principal Place of Business

**811 23RD AVENUE EAST
BRADENTON FL 34208**

Mailing Address

**811 23RD AVENUE EAST
BRADENTON FL 34208**



3. Date Incorporated or Qualified
10/24/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1420986

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERREY, PHILIP E
1111 3RD AVE E
BRADENTON FL 34205**

81 Name

Jan J. Ross

82

Street Address (P.O. Box Number is Not Acceptable)

423 63rd Street NW

83

84 City

Bradenton

FL

85 Zip Code
34209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jan J. Ross
Signature, typed or printed name of registered agent and title if applicable.

Jan J. Ross P/D

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **WHITE, GERALD**
STREET ADDRESS **2260 17 ST W.**
CITY-ST-ZIP **PALMETTO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **GRAHAM, JANELLE**
STREET ADDRESS **8401 13TH AVE NW**
CITY-ST-ZIP **BRADENTON, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Patricia Durbeck**
2.4 CITY-ST-ZIP **3770 Pinebrook Circle #5**

TITLE **VD** ☐ DELETE
NAME **ROSS, JAN J.**
STREET ADDRESS **423 63RD STREET NW**
CITY-ST-ZIP **BRADENTON FL 34209**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **P/D**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KESTEN, MURRAY**
STREET ADDRESS **5601 MANATEE AVE. W.**
CITY-ST-ZIP **BRADENTON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **V/D**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **PERREY, PHILIP E**
STREET ADDRESS **1111 3RD AVENUE W**
CITY-ST-ZIP **BRADENTON FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **S/D**
5.3 STREET ADDRESS **William J. Kemp**
5.4 CITY-ST-ZIP **4706 34th Ave West**

TITLE **ED** ☐ DELETE
NAME **CAMPBELL, ELLEN J.**
STREET ADDRESS **7807 18TH AVENUE NW**
CITY-ST-ZIP **BRADENTON FL 34209**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ellen J. Campbell*

Ellen J. Campbell E/D

2/20/96

(941)747-4655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)